

**Side-by-Side Comparison
Of
329-G Workgroup Recommendations
And
Child and Adolescent Special Populations Workgroup Recommendations**

329-G Recommendations	Child and Adolescent Special Populations Recommendation
Recommendations - Increased funding for Capacity Building <p>*1. DMHMRSAS should re-submit a budget request to fund an integrated continuum of mental health, mental retardation and substance abuse services for children, adolescents and their families. The budget initiative shall give consideration to the varying geographic needs in Virginia, filling identified gaps, addressing co-occurring disorders and the needs of special populations such as children with early transitional services into the adult services system.</p> <ul style="list-style-type: none"> a. \$9.15 million <ul style="list-style-type: none"> i. Specialized services to children and adolescents -- children & adolescents with or at risk of SED, children and adolescent offenders with MH or SA involved in criminal justice system, youth with co-occurring mh/mr and at risk of hospitalization, requiring transition services and supports ii. Funding for one FTE for DMHMRSAS <p>*2. The DMHMRSAS should re-submit a budget request to fund a determined number of dedicated integrated case managers for children and families in all community services boards/behavioral health authorities.</p> <p>3. The DMHMRSAS should re-submit a budget request for a dedicated pool of flexible funds to be used specifically for program start-ups and program development, allocated in a manner that maximized flexibility in program design and promotes achieving specific outcomes for children, adolescents</p>	
	<p>1. All resources in Virginia need to be maximized to build the capacity for behavioral health services that includes a comprehensive continuum of prevention, early intervention, and intensive therapeutic services.</p> <ul style="list-style-type: none"> a. Increase Medicaid rates for day treatment services b. Add substance abuse services to DMAS State plan and provide funding for treatment services for youth and their families with primary or secondary substance abuse diagnoses c. Conduct a rate study to expand community-based services in the state plan to include: <ul style="list-style-type: none"> i. Intensive case management level system in CSBs ii. Parenting education iii. Respite services iv. Behavioral Aides <p>2. Four system of care demonstration projects.</p> <p>3. Parent/Youth Involvement Network (\$500,000 for first year-\$1.0 million for the second year).</p> <p>4. Multisystemic Therapy (MST) and Functional Family Therapy (FFT) capacity building (\$2.5 m, some funds for local MST/FFT services.)</p> <p>5. The DMHMRSAS will recommend budget initiatives to support the revision and expansion of state and local systems of care.</p>

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<p>and their families with mh/mr/sa needs.</p> <p>4. The Department should submit a budget request for \$8.0 million:</p> <ul style="list-style-type: none"> a. 40 psychiatrists for CSBs for psychiatric assessments, evaluations and treatment for children with SED. b. Proposal supports SED children remaining in their homes and communities. c. Increase the number of board-certified child psychiatrists and doctoral psychologists specializing in serving children. <p>*The Governor's biennium budget included \$2.0 m that merged recommendations 1 and 2 to provide mental health services to children and adolescents for non-mandated CSA services.</p>	<p>6. Seek grant funding to enhance child & adolescent behavioral health services by establishing matching fund capacity through private foundations/corporations.</p>
Recommendations for Funding - Training	
<p>1. DMHMRSAS should explore existing resources within state and federal funds to provide statewide training on mh/mr/sa services and integrated case management to support continuum of mh/mr/sa services.</p> <p>2. The Department should provide training and technical assistance on the development of systems of care for children in the Commonwealth to Community Services Boards and other interested parties.</p> <p>3. DMHMRSAS should create, publish and fund an interactive website to be used as a resource for children, adolescents and families to enable improved access to mental health, mental retardation and substance abuse services, providers, educational resources and supports.</p>	<p>1. System of Care (\$500,000 for 5 regional and 1 state training.)</p> <p>2. Cross-state and agency National Systems of Care model training (\$200,000 managed by DMHMRSAS with VACSB).</p> <p>3. Fund slots for university training of child psychiatry fellows and child psychology interns with payback provisions (\$60,000 per fellow, \$26,000 per intern.</p> <p>4. Fund training on MST and FFT and licensure.</p> <p>5. Conduct statewide trainings on evidence-based, best practices, and promising treatments for children with behavioral health problems – statewide workshops, seminars, and cross community trainings.</p>

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<p>4. The Department should work with Community Services Boards to provide cross training to other local human services child caring agencies on children issues.</p>	
<p>Recommendations – Support and Infrastructure</p>	
<p>1. The Department should provide training and technical assistance on the development of systems of care for children in the Commonwealth to Community Services Boards and other interested parties.</p> <p>2. DMHMRSAS should create, publish and fund an interactive website to be used as a resource for children, adolescents and families to enable improved access to mental health, mental retardation and substance abuse services, providers, educational resources and supports.</p> <p>3. The Department should work with Community Services Boards to provide cross training to other local human services child caring agencies on children issues.</p> <p>4. The Department should review all State Board Policies related to prevention, mental health, mental retardation and substance abuse services and make recommendations to improve integrated services for children, adolescents and their families.</p> <p>5. DMMHMRSAS shall review the policies and procedures of the department to identify gaps and to develop an integrated approach to the provision of services to children, adolescents and their families. This policy should review age criteria and how to promote consistency among all children services agencies in the provision of services to children, adolescents and their families.</p>	<p>1. Support systems of care model including:</p> <ul style="list-style-type: none"> a. Coordinated, integrated, and individualized treatment plans b. Families and surrogate families are full participants in all aspects of planning and delivery of services. c. Support a cross agency care management/coordination approach. <p>2. Encourage partnerships and collaborations among parents, providers and other stakeholders of children and their families with behavioral health problems.</p> <p>3. Strengthen university/community partnerships to enhance child and adolescent behavioral health services.</p> <p>4. Promote integration of services across MHMRSA disabilities by establishing policies that require a single comprehensive intake addressing the areas of MHMRSA and developing a unified services plan and record.</p> <p>5. Support the continuation of the Child and Adolescent Special Population Workgroup activities by merging the membership with the group established by Budget Item 300-F of the 2004 Appropriations Act.</p> <p>6. Continue disseminating Commission on Youth's "collection" of evidence-based practices.</p>

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<p>6. DMHMRSAS should continue to build the infrastructure of the new office of Child and Family Services to be an integrated organizational unit of the Department. This organizational unit should be involved at all levels seeking state and federal funding and developing policy for children and family services. The Office should provide leadership for child and family issues on a statewide basis through coordination of services delivery and integration of disability service systems, with the goal of improving access to mental health, mental retardation and substance abuse services for children, adolescents and families in Virginia.</p> <p>7. DMHMRSAS should complete formalizing the state advisory committee for child and family services to support activities of the organizational unit in Recommendation 5. This should including identifying members, establishing by-laws, meeting schedules and setting agendas.</p> <p>8. DMHMRSAS should seek ways to build and link the network of parents of children and adolescents with mental health, mental retardation and substance abuse service needs through collaborative effort with other child serving agencies and organizations to develop and implement statewide Parent/Family network and Advocacy Program</p>	<p>7. Encourage DMAS to “suspend” rather than terminate Medicaid benefits while children are in a public institution.</p>